

Stakeholder Committee
NH Balancing Incentive Program
Society for the Protection of NH Forests
Wednesday, May 8, 2013

Minutes

Attendees: Melissa Mandrell, Leslie Boggis, Ed Drury, Candace Cole-McCrea, Cindy Robertson, Barbara Salvatore, Mickie Grimes, Pam Jolivette, Bernie Seifert, Doug McNutt, Margaret Moser, Susan Lombard, Carl Cooley, Dorinda Downing, Abbott Willard, Marguerite Corvini, Scott Trudo, Jean Crouch, Laura Davie, Kirsten Murphy, Leslie Melby, Wendi Aultman, Diane Langley, Don Hunter, Debbie Krider, Joey Rolfe, Georges Djanabia, Nancy Collica, and Sue Fox

Introduction:

Sue Fox introduced the Center on Aging and Community Living staff and outlined their roles in BIP management.

Level One Screening Questions:

Sue informed the group that draft of level one screening questions has been developed. Core questions as well as department specific questions. The document is still open for feedback for 2 more weeks. Feedback thus far has been very beneficial. Don will distribute a link to the questions, please provide feedback to him by 5/15. We are seeking participants to work on preparing these questions for wider review.

Priorities for Use of BIP Funds:

Revisited Project mandates. Projects need to:

- Rebalance Medicaid spending between institutional and non-institutional long-term care.
- Improve cost effectiveness
- Improve access and offerings of community based long-term supports
- Improve quality
- Be sustainable
- Be typical Medicaid covered services
- Avoid any duplication

Sue facilitated a review of categories of project criteria from April brainstorming meeting. The committee offered additional comment and input. Sue noted in applicable category.

Suggested buckets:

1. Systemic
2. Direct Service

Plan for Concepts/Proposals:

- Look at concepts submitted & group into broad categories
- Review groups will include 2 from CACL, 2 from DHHS, and 2 from Stakeholder Committee.
 - Different panels for different areas/concepts
- Review groups will use scoring sheet
- High cost projects will not automatically be disqualified. Looking for the best projects with the greatest impact.
- May lead to Requests for Proposals (RFPs)
 - Concerns expressed that some submitters may lose out on opportunity to implement an innovative, strong concept they developed & submitted
 - Does everything have to go to RFP or can some concepts be approved and funded directly?
- Will review panels have Technical Assistance (TA) available to help with questions such as proposed budgets?
 - Hopefully each panel will have members capable of providing needed skills
- Spread BIP funds around & reserve some for later distribution
- Don't spend all on one or two projects this year, leaving nothing for next year

BIP Deliverables:

Abbott reviewed the process of “No Wrong Door” (NWD) process. He shared the NWD graphic flow chart. It is expected that one person will be trained to address all bureau specific intake assessments.

Recruitment of stakeholders to participate in BIP workgroups:

1. Advertising & Marketing
2. Informational Materials, 1-800 number, Website
3. Physical location/NWD Partner
4. Eligibility Coordination
5. Core Standardized Assessment/Core Data Set
6. Conflict Free Case Management
7. Sustainability
8. Health Information Exchange IT Coordination

Community Stakeholder comments/ concerns/questions:

- Requested a list of Medicaid covered service
- Requested list of rules / guidelines to follow as we develop proposal
- Requested that projects broaden outreach to populations (cross ages)
- Requested definition of critical needs/ gaps for project development
- Important to pay attention to eliminating silos
- Terminology. “Eligibility Coordinator” means different things in different settings
- Questions arose about the implementation of the vision of the screening level

- Request that wording be changed to reduce possibility of confusion of the terms: screening, assessment, eligibility and no wrong door.
- Asked to add a list of Medicaid allowable purposes to “concept” background information. Include State Plan and waiver services.
- Asked to distinguish between CMS (federal Centers for Medicare and Medicaid Services) “have-to-haves” and DHHS (NH Dept. of Health and Human Services) “have-to-haves.”
- For June or July meeting – conduct needs & gaps analysis – beyond what NH currently addresses.
- Watch for BIP-identified needs & opportunities that more appropriately belong with another DHHS project such as SIM (State Innovation Model grant) or Managed Care or a regulation or law change.
- Look at return on investment (on BIP funds) in addition to sustainability.

State Stakeholder comments:

- Don informed the group that the next step is to identify major gaps and priorities, attention not to duplicate other initiatives.
 - Concepts for projects have been submitted. RFPs will go out to address concept though not on any ideas already expressed.
 - We need to accomplish deliverables by Sept 2015. Call into CMS for details.
- Diane added that the idea of a standard assessment, used by eligibility coordinators will be supported by the development of a “Core Standard Assessment,” which will be followed by the development of individual treatment plan by a subject expert within the appropriate area (area agency, mental health center, etc...).
- Wendi noted that the federal programs under CMS, ADRC (Aging and Disability Resource Centers – ServiceLink in NH) and VA (Veterans Administration) are working collaboratively to ensure that states end up with just one NWD. This would extend beyond BIP (Medicaid) across all sectors and all populations.

Refresher on 3-way allocation of NH BIP funds:

- \$10 million to implement workplan deliverables
- \$5 million for core competency trainings (not including trainings needed to implement deliverables)
- \$10 million for community initiatives
- Funds will be made available to pay consumers and family members for their time

Next BIP Stakeholder Committee Meeting:

Wednesday, June 12, 2013 @ 1:00-3:00PM, location to be determined